

**RG-6 Assistance Charges Return
for Natural Gas Distributors**

Station 257

REV 1
E S ____/____/____
NS DP CA

Do not write above this line.

Step 1: Identify your business

1 Illinois Business Tax number (IBT no.): _____

2 FEIN _____
Federal employer identification number3 Registration no. **G A** - _____

4 Name _____

5 Address _____
Number and street

City _____ State _____ ZIP _____

6 Liability period _____
Month _____ Year _____7 ☐ Check here if your address has changed.8 Is this a final return? ☐ yes ☐ no**"Final"** indicates you will no longer conduct business. If **"yes,"** complete the following: My business was☐ **discontinued** on: _____.☐ **sold** on: _____.If **"sold,"** provide the new owner's name and address:

Name: _____

Address: _____

Step 2: Figure your assistance charges due

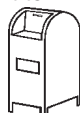
	Total number of accounts	Energy Assistance Charge	Renewable Energy Charge
9 Total number of accounts to which you delivered residential gas service and from which you collected the assistance charges during this liability period.	9 _____	10 _____	11 _____
10 Multiply Line 9 by \$0.40.			
11 Multiply Line 9 by \$0.05.			
12 Write the total number of accounts • to which you delivered nonresidential gas service, • to which you delivered less than 4 million therms of gas during the previous calendar year, and • from which you collected the assistance charges.	12 _____	13 _____	14 _____
13 Multiply Line 12 by \$4.00.			
14 Multiply Line 12 by \$0.50.			
15 Write the total number of accounts • to which you delivered nonresidential gas service, • to which you delivered 4 million or more therms of gas during the previous calendar year, and • from which you collected the assistance charges.	15 _____	16 _____	17 _____
16 Multiply Line 15 by \$300.00.			
17 Multiply Line 15 by \$37.50.			
18 Add Lines 10, 13, and 16. This amount is your total Energy Assistance Charge due.		18 _____	19 _____
19 Add Lines 11, 14, and 17. This amount is your total Renewable Energy Charge due.			
20 Add Lines 18 and 19. This amount is the total assistance charge due. Make your check payable to "Illinois Department of Revenue."		20 _____	

Step 3: Sign below

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Taxpayer's signature and title (state if individual owner, member of firm, or corporate officer title)(____)____-_____
Telephone number (include area code)____/____/_____
Date_____
Preparer's signature and name of the firm or employer (if applicable)(____)____-_____
Telephone number (include area code)____/____/_____
Date**Step 4: Mail your return**

Mail your completed Form RG-6 and payment to

**ASSISTANCE CHARGES
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19019
SPRINGFIELD IL 62794-9019**